

BUILDING BRIDGES



**TOOLS FOR DEVELOPING
AN ORGANIZATION'S
CULTURAL COMPETENCE**

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INTRODUCTION

Minority populations in the United States are increasing at a much faster rate than the majority (anglo) population. Not surprisingly, the demand for health care services among these groups has risen proportionally. As a result of this trend, health care providers are becoming more and more aware of the need to provide services that are sensitive to the cultural norms, and delivered in the primary language of, minority clients. Recognizing the need for cultural competence, however, is just the first step in an ongoing, goal-oriented process. Organizations must be committed to identifying weaknesses and strengths, embracing inclusive values and philosophies, developing and implementing a cultural competence action plan, and continuously monitoring the organization to ensure that established policies and procedures are effective and are being followed.

This cultural competence self-assessment manual was developed by staff at La Frontera, Inc. La Frontera was established in 1968 to provide a comprehensive array of behavioral health services to underserved populations in Pima County, Arizona. Since then the center has been committed to the provision of behavioral health services to culturally diverse populations.

To strengthen its cultural competence as a service provider and an employer, La Frontera obtained a grant from the U.S. Office of Minority Health. One of the objectives of the grant was to create a self-assessment manual for health care providers. The manual is intended to present a framework for individuals, groups, or organizations to assess their level of cultural competence. The term *culture* is used in a broad, inclusive sense. It includes race, ethnicity, gender, sexual orientation, primary language, spiritual life, age, and physical condition. Culture is also a multi-faceted concept. It incorporates cultural objects such as music, art, and clothing; ways of living such as kinship patterns, communication styles, and family roles; and beliefs or values such as religion, attitudes toward time, and views of the natural world. Both the broad conceptualization of culture and varied aspects of culture are reflected in the assessment manual.

The assessment instrument has been developed using six stages of cultural competence, which range from Stage 1 (seeks to destroy other culture) to Stage 6 (culturally competent, takes advocacy role). These are applied to four broad categories within an organization: (1) organizational environment, (2) public relations/working with the community, (3) human resources, and (4) clinical issues. Each of the four broad categories is broken into six subcategories with examples of behaviors, situations, or procedures that are representative of each stage of cultural competence. The examples provided in each subcategory and stage are not meant to be exhaustive. They provide a *framework* for assessing culturally competent behavior in an organization. Examples may be added to or deleted from each category depending on their relevance to a specific organization.

The results of the assessment may be used to raise awareness, focus personal development, plan a training program, or make changes in how an organization does business. Perhaps most important, the information obtained can be used to determine goals for establishing or improving cultural competence, and the objectives necessary to meet those goals. The process for growth and change using this assessment instrument is described elsewhere in the manual (see Cultural Competence Action Planning Process).

Above all, one must remember that no one is ever finished learning and growing in cultural competence. All cultures are varied within themselves as well as in relation to one another. All cultures are also dynamic, changing and developing over time. No one can master all there is to

INTRODUCTION

know. Culturally competent individuals are open to the cultural experiences of others and to new information about cultures. They are also able to move comfortably between some cultures of which they have in-depth experience. Even the most experienced individual will find strengths and limitations in understanding his/her own and other cultures. We hope this manual will be a first step in helping organizations and individuals to meet the goal of continued growth in the workplace.

USING THE ASSESSMENT

Prior to participating in the assessment, all those persons asked to respond must understand the intent behind the instrument's use. Staff should be reminded that cultural competence is a learning and growing process requiring regular review and organizational "action planning" that supports continued development. The stages illustrated in this assessment are not meant to grade organizations on their level of cultural competence but to help staff identify the next, most logical step for development planning. Stages should be reviewed and participants should be reminded that the statements under each category were developed to help the reader put specific meaning to each subcategory as it applies to the various stages.

The effective administrator of this assessment will walk participants through the first few subcategories within Section I—Organizational Environment. The instructions given will be, "Do you see this organization's cultural competence as it applies to visual representation being at Stage 1, 2, 3, 4, 5, or 6? Please use the illustrative statements as a guide for your assessment. If you see this organization as overtly sexist in artwork, calendars, etc., please circle the illustrative statement under Stage 1 and parallel to the visual representation. If this does not match your perception, continue to the left until you identify a close match. Complete this section in the same manner until all subcategories have been given a rating."

Once this section is complete participants should score the section. For every statement circled in Stage 1, participants will add one point. For every statement circled in Stage 2, participants will add 2 points, Stage 3 = 3 points, Stage 4 = 4 points, etc. Please note that because **only one rating is given to each subcategory**, the lowest score possible is 5 and the highest score possible for this section is 30.

The score for each section should be entered on the score sheet at the back of this manual. This process will continue until all four broad categories have been assessed and scored. Completed scoring forms should be submitted to the organization's cultural competence advisory group to be tabulated and analyzed, and an overall cultural competence assessment score determined. The advisory group will then use these scores to determine the current stage of development and to create an action plan for moving the organization toward the next developmental stage.

1

ORGANIZATIONAL ENVIRONMENT

A key component of cultural competence in the workplace is organizational environment. Organizational environment has a direct impact on both employees and consumers of services. Many concrete and subtle features of the workplace contribute to organizational environment. An example is the message conveyed by works of art and photographs displayed. Do the artworks convey real and authentic images of diverse people and their activities? Another example is accessibility by public transportation.

STAGE 1

Seeks to destroy other culture
Sees other culture as inferior

STAGE 2

Cultural incapacity: Adopts paternalistic posture toward so-called inferior people

STAGE 3

Cultural incapacity: Seeks to assimilate differences, ignore strengths

Visual representation

Displays overtly sexist artwork, calendars, cards, etc.

Uses paternalistic language (e.g., "girls," "illegals")

Pictures senior citizens as service recipients, never as caregivers

General feeling of inclusive nature

Does not provide phone for hearing impaired, lacks handicapped access

Requires diverse populations to identify themselves as in need of "special assistance"

Targets oral and written communication at one population only

Level of staff's cultural competence

Disregards cross-cultural awareness, knowledge, behavior, skills in staffing pattern, service provision, program design, etc.
Discourages training

Does not accept multiple perspectives as valid; there is one "right" or "best" way
Does not offer or support training

Makes no effort to recruit, retain, or train staff in cultural competence
Needs to bring diverse perspectives on issues into agreement

Location/ accessibility

Designs accessibility specifically to exclude certain populations (e.g., no handicap access, location accessible only to clients with cars)

Meets accessibility issues under federal compliance mandates only

Disregards diverse religious/cultural practices when scheduling hours of operation

Language ability— oral & written

Prevents or demeans use of multiple languages
Does not provide for oral or written language diversity to meet needs of population served
Uses derogatory epithets, such as "WASP," "slant eyes," etc.

Regards some languages or dialects as inadequate or incorrect (e.g., Black English)

Requires language other than English to be used at home only



Aspects of organizational environment addressed in the assessment include visual representations, level of staff's cultural competence, location/accessibility of the facility, language ability (oral and written), and general feeling of inclusiveness. For each item listed in the left column, circle the statement in that row that best describes the existing organizational environment.

STAGE 4

Cultural precompetence: Realizes weakness and makes commitment to improve

Exhibits emerging visual representation of all ethnicities, ages, genders, as active and valued community members

Provides for regular staff review of systems for inclusive nature and commitment to correct failures

Supports basic cultural competence training for staff: provides free training and allows staff to attend during working hours

Provides for conflict resolution among staff

Exhibits emerging awareness of accessibility issues as barriers; makes commitment to evaluate problems and design for inclusion

Offers language training (e.g., sign language, Native American languages) to meet needs of populations served

Begins to learn another language

STAGE 5

Culturally competent: Respectful, accepting, self-monitors/takes responsibility, valuing

Displays visual representations (throughout the organization) that illustrate diverse populations engaged in meaningful activity

Provides regular staff training in cultural competence and its relationship to service provision

Provides ongoing cultural competence training on a range of topics

Implements proactive strategies to employ diverse staff to meet needs of populations served

Demonstrates ability to work with differing points of view

Takes clearly articulated inclusion measures (hours, days, times, accessibility, etc.)
Adopts fluid procedures to meet changing population needs

Values multilingual ability among staff (e.g., pay differential for language skills)

STAGE 6

Takes advocacy and educative role

Actively seeks to promote authentic representation of diverse populations, traditions, etc.

Shares inclusion policy statement with clients and community-at-large

Involves staff at all levels of employment in providing cultural competence training

Writes and submits inclusion actions for publication in local and national public service publications

Provides services in languages that meet the needs of populations served (consumers)
Adopts policies that support multilingual capacity of staff

2

PUBLIC RELATIONS/WORKING WITH THE COMMUNITY

A non-profit organization is composed of staff, a board of directors, and often volunteers. The unpaid board of directors and volunteers get involved with an organization from a desire to contribute and participate in the vision and mission set forth. The volunteer or family member may have received services. The staff, board, and volunteers are the most powerful public relations an organization can provide. Their message about the culture of the organization speaks louder than any billboard, brochure, or public service announcement. The clients/consumers also carry messages related to quality of care. The degree to which staff, board, and volunteers act in partnership with the community will predict the level of community acceptance. Is the organization viewed by the community as the benevolent service provider to the underserved, or is it viewed as part of an active voice in the community working with its constituents for personal as well as social change?

	STAGE 1 Seeks to destroy other culture Sees other culture as inferior	STAGE 2 Cultural incapacity: Adopts paternalistic posture toward so-called inferior people	STAGE 3 Cultural incapacity: Seeks to assimilate differences, ignore strengths
Visibility	Creates advertising that perpetuates stereotypes (e.g., women as depressed, substance abusers as black males)	Creates service brochures illustrating minorities receiving help with Food Stamps, immigration, welfare, etc.	Uses advertising that ignores different needs—"We treat everyone the Smith Company way"
Volunteer programs	Screens out specific populations (e.g., hearing impaired, disabled)	Creates specific volunteer roles for specific populations (e.g., minority—maintenance, women—caregivers)	Places volunteers haphazardly without regard for individual strengths
Education of Staff/Board	Exhibits orientation of staff and board that perpetuates prejudice and bias	Displays token representation of minorities on staff and board	Educates staff using one therapy modality only
Community representation	Does not formally interact with another organization due to bias (e.g., Urban League, HIV service organization)	Depicts organization in coalitions as "top dog"/better than others	Promotes all neighborhood groups as having the same needs
Special events	Contracts special events with performers who have demonstrated bias, disrespect, etc.	Depicts special events as doing "for" a population unable to do for themselves	Plans and implements special events assuming a shared value (e.g., Christmas Party)
Political Interaction	Promotes status quo and laws that invalidate the rights of clients	Speaks on behalf of vs. supporting special populations in efforts to speak for themselves	Is quiet on issues that affect the organization's various constituents



The Public Relations/Working with the Community section includes the areas of visibility, volunteer programs, education of staff/board, community representation, and special events. For each item listed in the left column, circle the statement in that row that best describes the organization's existing attitudes and activities.

STAGE 4
Cultural incompetence: Realizes weakness and makes commitment to improve

Makes commitment to review all material for overt and hidden bias

Assesses volunteer program
Identifies weaknesses
Commits to making critical changes

Realizes decline in minority representation and seeks to recruit

Recognizes that it is NOT connected with neighborhoods and coalitions that promote various groups, seeks to correct situation

Assesses special events for ability to be inclusive

Recognizes the need to be political with regard to clients

STAGE 5
Culturally competent: Respectful, accepting, self-monitors/take responsibility, valuing

Ensures that all written and visual material is respectful, in multiple languages and braille, with emphasis on the value of differences

Creates a volunteer review committee specifically for the purpose of improving respect, valuing diversity, etc.

Develops and trains to affirmative action policy

Displays commitment to partnering with various groups to address community needs

Creates a special events calendar that respects and values all special interest groups

Creates various opportunities to participate in the political process (e.g., voter registration, buses to the legislature)

STAGE 6
Takes advocacy and educative role

Takes proactive stance on the advancement of cultural competence within the community

Trains volunteer on rights and responsibilities and bias screening procedures

Shares affirmative action policies and procedures with other organizations in the community

Partners with community leaders to bring attention to needs and possible solutions

Participates and partners in community events throughout the year that represent various special interests

Takes proactive position on client issues (e.g., welfare reform, teen pregnancy)

3

HUMAN RESOURCES

A third key component of cultural competence in the workplace is reflected in human resources activities. This component has a clear impact on staff. It also has an impact on consumers of services through the capacity of an organization to deliver services that are culturally sensitive to the populations served. The human resources component includes the full range of procedures associated with employing, training, retaining, and compensating staff. It also includes the value system that underlies procedures, opportunities, and decision-making with respect to employees. These are guided by policies, vision, and mission statements.

STAGE 1

Seeks to destroy other culture
Sees other culture as inferior

STAGE 2

Cultural incapacity: Adopts paternalistic posture toward so-called inferior people

STAGE 3

Cultural incapacity: Seeks to assimilate differences, ignore strengths

Recruitment strategies

Utilizes recruitment strategies that exclude certain populations

Uses ethnic- and gender-specific advertisements

Does not recognize or compensate for specialized skills or actively objects to compensation for specialized skills

Selection criteria and process

Creates criteria that exclude or create artificial barriers, or job requirements that have nothing to do with performance ability

Practices "token hiring"

Uses interview questions that negate or ignore diverse strengths

Diversity at workplace

Does not value or encourage diversity at the workplace

Sees diversity as meeting quotas

Diversity present—discourages or trains out unique qualities

Vision and mission

Adopts vision/mission statements that utilize destructive language

Frames diverse populations as inferior in vision/mission statements

Adopts vision/mission statements that minimize differences

Compensation and benefits

Has in place compensation and benefit strategies that have adverse effects (e.g., lower pay based on gender or ethnicity)

Adjusts salaries for individuals based on culture rather than performance

Implements benefit strategies that ignore alternative family structures

Policies and procedures

Adopts culturally incompetent language/adverse impact procedures (e.g., "English only" policies)

Frames condescending exceptions in inferior language (monolingual framed as a disability)

Adopts policies and procedures that minimize and discount differences; explains away destructive policies as trying to help

Development and retention strategies

Punishes non-English speakers
Redirects minorities to low-paying jobs

Provides token advancement and/or token training

Provides training that stresses assimilation



Aspects of human resources addressed in the assessment include recruitment strategies, selection criteria and process, diversity at the workplace, vision and mission, compensation and benefits, policies and procedures, and staff development and retention strategies. For each item listed in the left column, circle the statement in that row that best describes the organization's human resources activities.

STAGE 4

Cultural precompetence:
Realizes weakness and makes
commitment to improve

Creates focus groups to
evaluate recruitment policies
and identify statistics for
competence

Forms utilization group to
analyze hiring practices

Solicits diversity feedback
from all staff at all levels on a
regular basis

Examines vision/mission
statements for effectiveness

Convenes focus groups to
articulate issues

Convenes focus groups to
review policies, assess
competencies, and identify
changes needed

Convenes focus groups that
delineate meaningful
components for leadership
development

STAGE 5

Culturally competent: Respectful,
accepting, self-monitors/
takes responsibility, valuing

Exhibits ongoing self-
monitoring of strategies for
continuous improvement

Appoints highly trained
selection committee

Trains diverse staff to value
differences

Adopts culturally competent
vision/mission statements
that are translated into action

Implements culturally
competent plans and
evaluates periodically for
effectiveness

Frames policies and
procedures in language that
demonstrates enrichment and
enhancement value added

Implements strategies and
evaluates for effectiveness

STAGE 6

Takes advocacy and educative role

Provides modeling
and training to other
organizations on diversity
issues

Makes selection committee
members available to (or uses
from) other organizations for
hiring process

Makes provisions for
culturally validating/
celebrating events and
educational experiences

Stresses culturally competent
vision/mission statements in
recruitment, orientation, and
community presentations

Makes culturally competent
compensation plans available
to other agencies

Makes policies and
procedures available to
other agencies

Shares effective strategies
with other agencies

4

CLINICAL ISSUES

Many successful treatment models have been utilized in behavioral health care over time. When a therapist is working with diverse populations, the methods often remain relevant for the appropriate care of the client. What is needed is not a new treatment for diverse populations but rather unique applications of successful treatment approaches. The focus of the therapeutic intervention then is not on the nature of the activity but rather on the method of implementation. Cultural competence for a therapist needs to take into account knowledge acquisition, attitude awareness, the professional's attitude about self, the professional's attitude about diverse populations, diverse populations' attitude about helping professionals, society's attitude about the diverse population, and diverse population members' attitude about themselves.

STAGE 1

Seeks to destroy other culture
Sees other culture as inferior

STAGE 2

Cultural incapacity: Adapts paternalistic posture toward so-called inferior people

STAGE 3

Cultural incapacity: Seeks to assimilate differences, ignore strengths

Bilingual

Refuses to select and recruit bilingual staff

Uses token number of bilingual staff, logos, names of organization/programs, etc.

Requires all sessions to be conducted in English, regardless of client needs

Paperwork

Provides paperwork in English only

Downplays need to hire translators and translate paperwork

Is rigid about following paperwork requirements
Omits art, poetry, and other material that reflects cultural differences

Family focus

Does not recognize the importance of family participation

Puts down family values

Ignores the strength of the family unit

Clinical practice

Refuses to be sensitive to different cultures

Uses primarily anglo-oriented methods of treatment; too rigid to consider new methods for different cultures

Lacks training to provide special services to minorities



The assessment section on clinical issues includes the competence areas of bilingualism, paperwork, family focus, and clinical practice. For each item listed in the left column, circle the statement in that row that best describes the organization's handling of clinical issues.

STAGE 4

Cultural precompetence: Realizes weakness and makes commitment to improve

Recognizes organization's high drop-out rate of minority clients and seeks change

Recognizes that paperwork and bureaucracy are driving clients away

Recognizes the lack of training for staff and is willing to implement a culturally appropriate training program

Recognizes therapists have cultural limitations and encourages training

STAGE 5

Culturally competent: Respectful, accepting, self-monitors/ takes responsibility, valuing

Has balanced bilingual staff/client ratio

Provides support to staff for "other" languages/skills

Establishes committee to revise paperwork, program literature, etc., for bilingual clients

Screens for culturally offensive material and deletes from written and spoken communication

Takes responsibility for bringing family into the training circle

Includes cultural issues in training plan

STAGE 6

Takes advocacy and educative role

Provides mentoring program and paid stipends

Streamlines paperwork and ensures that all material is in multiple languages

Offers phone line services in multiple languages

Values families and their cultures and commits to educating family on issues critical to treatment success

Displays sensitivity to cultural issues and provides education to other organizations

ACTION PLANNING PROCESS

After an organization has completed its assessment and scores have been averaged, an overall picture of staff perceptions regarding cultural competence in the four major areas of organizational categories will emerge. A composite of the organization's general developmental stage of cultural competence will also be evident. At this point it's time to start developing strategies for the creation of a culturally competent corporate infrastructure. The first step is to write an action plan that reflects the organization's current level of competence and indicates the direction in which the organization must move to become truly culturally competent. The document should be viewed as a long-term plan, recognizing the fact that the process is an ongoing one.

The organization's goal of cultural competence will be driven by objectives and strategies that fall under the four major categories and subcategories evaluated in the assessment instrument. Committees should be created to identify category objectives, strategies, indicators of success, and ownership/timelines. For example, assume that organization XYZ scored an average of 6 to 10 points in the area of organizational environment. This would place XYZ's organizational environmental cultural competence somewhere in Stage 2. Over the course of several meetings, committee members assigned to the action planning process for the area of organizational environment would respond to the following questions:

What currently exists in the organization's manner of visual representation that indicates it is at Stage 2 of cultural competence development?

What currently exists in the organization's general feeling of its inclusive nature that indicates it is at Stage 2 of cultural competence development?

What currently exists with the organization's accessibility to clients that indicates it is at Stage 2 of cultural competence development?

This line of self-questioning should occur for each of the subcategories, and all responses should be incorporated into a list of current indicators. The second set of questions posed to the committee should generate a list of what the committee members would like these areas to look like if the organization were at Stage 4, 5, or 6. The responses to this set of questions will become the indicators of success by which the organization will evaluate its progress toward cultural competence.

Somewhere between "where it is" and "where it wants to be" is the process of getting there. What will this organization do to get to the self-identified measures of success? Who will be responsible for guiding the individual steps? What are the target dates for completion? The answers to these questions become the committee's, and hence the organization's, action plan for developing cultural competence. The areas that need improvement and the tasks to be undertaken to accomplish the objectives can be graphically depicted, as indicated in the chart that follows.

The analysis and planning process will occur for each of the four primary evaluation categories. Ideally, a different committee will work on developing an action plan for each of the individual areas. This strategy supports the belief that cultural competence is an evolutionary process requiring the participation of all the organization's staff. After the committees have finished mapping their action plans, the goals and objectives identified can be compiled in the organization's cultural competence plan. The document might also include statements of the

SAMPLE PLAN

Action Plan for Improving Cultural Competence in the Organizational Environment

Current Indicators	Action	Person(s) Responsible	Completion Date	Indicators of Success
Sexist materials and jokes in offices and on bulletin boards	Implementation of 3-hour mandatory staff training on sexual harassment	Training officer/human resources department	12/1/96	Lack of presence of sexist and offensive calendars, jokes, etc.
Paternalistic posturing in meetings	Implementation of 3-hour communication training/communication awareness workshops	Training officer/human resources department	3/1/96	Quarterly evaluation feedback indicating absence of paternalistic language/posturing during organization's meetings
No training available for staff working with diverse populations	Implementation of regularly scheduled trainings on diverse populations	Training officer/human resources department	6/1/95	Training evaluation forms indicating heightened awareness of diverse populations
No accessibility to phone systems for the hearing impaired	Installation of TDD* system at various phone locations	Facilities manager	12/20/95	TDD* systems installed and being utilized
All forms and materials printed in English only	Translation of all critical materials for clients into their primary language	Clinic director	1/1/96	Presence of critical material printed in multiple languages
No female staff scheduled for evening work due to "safety considerations"	Installation of a security system Training of all staff in safety and self-defense Scheduling female staff for evening hours	Facilities manager Training officer Clinic director	1/1/96	Presence of female staff during evening hours of operation Evaluation feedback indicating that all staff feel safe at all times of clinic operation

organization's mission, vision, and values as they relate to cultural competence. The finished plan will guide the organization's continued development for the coming year. At the close of the year all staff again evaluate the organization's cultural competence using the assessment instrument, and the entire process is repeated. The existing corporate plan can be revised as necessary to reflect changing needs, goals, and objectives.

As stated earlier, cultural competence and anti-bias awareness, attitudes, and actions are constantly changing. The truly competent organization is (1) committed to supporting employees' growth and development in this area; (2) willing to commit resources and staff time to the development of cultural competence; and (3) unwilling to let the development of cultural competence be forgotten in a busy work environment.

*TDD = telecommunications device for the deaf

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SCORE SHEET

AREA	POINT SCORE	DEVELOPMENTAL STAGE
Organizational Environment		
Public Relations and Working with the Community		
Personnel		
Clinical Issues		
Overall Score (Total)		

KEY:

AREA	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Organizational Environment	1-5 points	6-10 points	11-15 points	16-20 points	21-25 points	26-30 points
Public Relations and Working with the Community	1-6 points	7-12 points	13-18 points	19-24 points	25-30 points	31-36 points
Personnel	1-7 points	8-14 points	15-21 points	22-28 points	29-35 points	36-42 points
Clinical Issues	1-4 points	5-8 points	9-12 points	13-16 points	17-20 points	21-24 points
Overall Score (Total)	1-22 points	23-44 points	45-66 points	67-88 points	89-110 points	111-132 points





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